

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014275

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 543

Registrar's No. 1137

STATE FILE NUMBER

FILED APR 11 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jennings

Length of stay in 1b

YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION 5356 Janet Ave.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY ST. LOUIS

c. CITY  
OR  
TOWN Jennings

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

5356 Janet Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

GEORGE

Middle

J.

Last

MCHALE

4. DATE  
OF  
DEATH

Month

April

Day

1

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-3-1908

## 9. AGE (last birthday)

59

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

## 10b. KIND OF BUSINESS OR INDUSTRY

Hotel Sheraton Jefferson

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James McHale

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Kelleher

## 14. NAME OF HUSBAND OR WIFE

Helen McHale

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or date)

No.

## 16. SOCIAL SECURITY NO.

2485

## 17. INFORMANT

Helen McHale, 5356 Janet Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

## INTERVAL BETWEEN ONSET AND DEATH

10 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Coronary thrombosis

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

3/9/63

to 4/1/63

and last saw her alive on

3/27/63

## Death occurred at

8:45 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Murray Chinsky, M.D.

## 22b. ADDRESS

6223 Nat. Budge

## 22c. DATE SIGNED

4/2/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

4/5/63

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.

## 25. DATE RECD. BY LOCAL REG.

4-3-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 4008

2 4008

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. M. Rusten*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.